

NC Well Contractor Certification
Address Change Form

Name (please print): _____

Certification # NCWC Effective Date of Address Change: _____

New <i>Home</i> Address: <input type="checkbox"/> Check if no change
Address: <i>(Physical Address, do not use PO Box)</i>
City, State, Zip:
County:
Phone:
Mobile Phone:
Email:

New <i>Employer</i> Address: <input type="checkbox"/> Check if no change
Employer Name:
Address: <i>(Physical Address, do not use PO Box)</i>
City, State, Zip:
County:
Phone: Fax:

Mailing Address:
<input type="checkbox"/> Same as Home <input type="checkbox"/> Same as Employer If different (PO Box), indicate below:
Address: <i>(Can use PO Box)</i>
City, State, Zip:

This information is true and accurate: _____
Signature of Well Contractor

Fax completed form to: **919-845-3973** or Mail: NC Well Contractor Certification
1653 Mail Service Center
Raleigh, NC 27699-1653

WCC-9
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1653 Mail Service Center, Raleigh, N.C. 27699-1653
An Equal Opportunity / Affirmative Action Employer

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North Carolina
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